

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Autism Board		CONTACT PERSON Kasee Stratton, Secretary of MS Autism Board		TELEPHONE NUMBER 601-359-6792 or 989-621- 2303 (Stratton-cell)	
ADDRESS P.O. Box 136		CITY Jackson		STATE MS	ZIP 39203
EMAIL Kasee.stratton@msautismboard. ms.gov	SUBMIT DATE 11-5-2015	Name or number of rule(s): Title 1: Part 17: MS AUTISM BOARD - LICENSURE OF BEHAVIOR ANALYSTS AND ASSISTANT BEHAVIOR ANALYSTS			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: House Bill 885 created the regulating board for behavior analysis in the state of MS. The proposed rules have been created for governing the regulations of licensure of behavior analysts and assistant behavior analysts.

Specific legal authority authorizing the promulgation of rule: House Bill 885

List all rules repealed, amended, or suspended by the proposed rule: n/a

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>10/5/2015</u> Action taken: _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Kasee Stratton, Ph.D., Secretary, MS Autism Board

Signature of person authorized to file rules: *Kasee Stratton, Ph.D.*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>#21641</u> <i>[Signature]</i>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.